

**DECLARATION OF INVENTORSHIP AND POWER OF ATTORNEY**

**FOR PATENT APPLICATION**

Docket No. \_\_\_\_\_

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CONNECTOR FOR COAXIAL CABLE  
the specification of which \_\_\_\_\_

(check one) ☒ is attached hereto.

☐ was filed on \_\_\_\_\_  
under Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information which is material to Patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 USC § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

APPLICATION NUMBER

COUNTRY

FILING DATE  
(Day/Month/Year)

I hereby claim the benefit under 35 USC § 120 of any United States application (s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC § 112, I acknowledge the duty to disclose to the Office information which is material to patentability as defined in CFR § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application

APPLICATION NUMBER

FILING DATE  
(Day/Month/Year)

STATUS  
(Patented, Pending, Abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Bruce H. Troxell, Reg. No. 26,592

Address all telephone calls to Bruce H. Troxell  
(703) 575-2711

Address all correspondence to:

Bruce H. Troxell  
5205 Leesburg Pike, Suite 1404  
Falls Church, Virginia 22041

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole or first inventor Chen-Hung HUNG

Inventor's signature Chen-Hung HUNG Date OCTOBER 20, 2003

Residence same as below Citizenship TAIWAN, R.O.C.

Post Office Address NO. 26, LANE 88, FU-SHING RD., CHUNG-LE TSUN,  
MING-SHIUNG HSIANG, CHIA-YI HSIEN, TAIWAN, R.O.C.

Full name of second joint inventor, if any \_\_\_\_\_

Second Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of third joint inventor, if any \_\_\_\_\_

Third Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of fourth joint inventor, if any \_\_\_\_\_

Fourth Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of fifth joint inventor, if any \_\_\_\_\_

Fifth Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of sixth joint inventor, if any \_\_\_\_\_

Sixth Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_